

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
(504) 568-6820 (auto attendant) + 3



To Whom It May Concern:

I hereby give the Louisiana State Board of Medical Examiners permission to send a copy of my complaint to the licensee listed below:

Licensee's Name

Business Address

City, State, Zip Code

I further authorize the above named licensee to release all information pertinent to this complaint to the Louisiana State Board of Medical Examiners.

Patient's Name (Please Print)

Signature

Date